

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
 First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-02710**
 (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	239,200.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	35,347.99
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	274,547.99

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	252,228.44
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$	70,571.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$	205,303.69
Your total liabilities		\$ 528,103.13

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$	10,743.95
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$	6,590.96

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

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8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 70,571.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 70,571.00

Fill in this information to identify your case and this filing:

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First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **19-02710**

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

317 WHITEPLAINS PLACE

Street address, if available, or other description

GILBERT SC 29054-0000
City State ZIP Code

LEXINGTON
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$220,000.00	\$220,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

FEE SIMPLE

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

DEBTOR'S RESIDENCE: 317 WHITEPLAINS PLACE, GILBERT, SC 29054, (3) BEDROOM (2) BATHROOM HOME, LEXINGTON COUNTY TMS# (005222-01-003), TAX APPRAISAL VALUE (\$210,000)

DEBTORS ESTIMATE VALUE AT (\$220,000)

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

If you own or have more than one, list here:

1.2

461 GOLDEN ACRES, LOT 14

Street address, if available, or other description

Gilbert SC 29054-0000

City State ZIP Code

Lexington

County

What is the property? Check all that apply

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☒ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

DEBTOR'S PROPERTY: 2002 FLEETWOOD (40X28) MOBILE HOME (VIN# (NCFL14AAB66968AV13), PROPERTY SITS ON FRIENDS PROPERTY, NADA VALUE (\$7,000), LEXINGTON COUNTY DECAL # (42798), TAX APPRAISAL (\$19,200).

DEBTOR ESTIMATES VALUE AT (\$3,000)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$19,200.00

Current value of the portion you own?

\$19,200.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$239,200.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No

☒ Yes

3.1 Make: **GMC**
Model: **SIERRA**
Year: **2015**

Approximate mileage: **46,000**

Other information:

2015 GMC SIERRA: VIN# (3GTU24EC2F6250611),(4) DOOR, (8) CYLINDER, (46,000) MILES, NADA VALUE (\$21,825)

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$21,825.00

Current value of the portion you own?

\$21,825.00

3.2 Make: **HYUNDAI**
Model: **SONATA**
Year: **2013**

Approximate mileage: **100,000**

Other information:

2013 HUNDAI SONATA: VIN# (5NPEC4A68DH550486), (4) CYLINDER (4) DOOR (100,000) MILES, NADA VALUE (\$4,800)

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$4,800.00

Current value of the portion you own?

\$4,800.00

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Debtor 2 **Wendy Durden Taylor**

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4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$26,625.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

HOUSEHOLD GOODS: LIVING ROOM FURNITURE, DINING TABLE AND CHAIRS, BEDROOM FURNITURE (3), PATIO FURNITURE, LAWN MOWERS, TRAILER, KITCHEN APPLIANCES, WASHER, DRYER, KITCHEN TABLE AND CHAIRS, MISC. HOME DECOR, FURNITURE, TOOLS

\$1,600.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

HOUSEHOLD GOODS: TVS (4), DVD PLAYER, CELL PHONE, MISC. SMALL ELECTRONICS, COMPUTER

\$600.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No
☒ Yes. Describe.....

BOOKS, PICTURES, MISC. COLLECTIBLES

\$100.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☐ No
☒ Yes. Describe.....

FIREARMS: KEL-TEC .380; WINCHESTER 1300; COLENFIELD 60

\$300.00

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Debtor 2 **Wendy Durden Taylor**

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11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

CLOTHING

\$200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

JEWELRY: WATCH, RING, NECKLACE

\$1,500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$4,300.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

CASH ON HAND

\$15.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

PALMETTO CITIZENS FEDERAL CREDIT UNION CHECKING ACCT# (3278)

17.1.

\$1,354.99

PALMETTO CITIZENS FEDERAL CREDIT UNION SAVINGS ACC# (9839)

17.2.

\$71.95

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

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19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401(k)

**RETIREMENT PROGRAM: ERISA QUALIFIED
401(K) RETIREMENT PROGRAM, FACE
VALUE OF PROGRAM (\$5,162.10), CASH
SURRENDER VALUE OF PROGRAM
(\$2,581.05)**

\$2,581.05

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

Debtor 1 **Joseph Daniel Taylor**
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28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
TERM LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$500,000), CASH SURRENDER VALUE OF POLICY (\$0)		\$0.00
TERM LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$500,000), CASH SURRENDER VALUE OF POLICY (\$0)		\$0.00
WHOLE LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$100,000), CASH SURRENDER VALUE OF POLICY (\$200.00)		\$200.00
WHOLE LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$100,000), CASH SURRENDER VALUE OF POLICY (\$200.00)		\$200.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$4,422.99

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$239,200.00
56. Part 2: Total vehicles, line 5	\$26,625.00	
57. Part 3: Total personal and household items, line 15	\$4,300.00	
58. Part 4: Total financial assets, line 36	\$4,422.99	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$35,347.99	Copy personal property total \$35,347.99
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$274,547.99



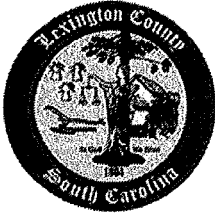
South Carolina
County of Lexington

Data last updated: 05/02/2019

TMS#: 005222-01-003 [Show Map](#)
TAX YEAR: 2018
OWNER: TAYLOR, JOSEPH D & WENDY D
ADDRESS: 317 WHITEPLAINS PLACE
 GILBERT, SC 29054
PROPERTY ADDRESS: 317 WHITEPLAINS PLACE
LEGAL DESCRIPTION: WHITEPLAINS PLANTATION SEC 1 LOT 42
DEED BOOK & PAGE: 17403-139
PLAT: SLID-606-5
LAND USE: 1001:RESIDENTIAL - IMPROVED
TAX DISTRICT: 1

<u>ASSESSMENT INFORMATION</u>	<u>BUILDING INFORMATION</u>
LOTS: 1	SQUARE FOOT LIVING AREA: 1858
ACRES:	UNFINISHED AREA:
TAXABLE LAND: 45000	YEAR BUILT: 2005
TAXABLE BUILDING: 165000	NUMBER OF BEDROOMS: 3
ASSESSMENT LAND: 1800	NUMBER OF FULL BATHS: 2
ASSESSMENT BUILDING: 6600	NUMBER OF HALF BATHS:
HOMESTEAD EXEMPT ASSESSMENT: 0	HEATING SYSTEM:
TAX RELIEF EXEMPT ASSESSMENT: 8400	HEAT: HT AND AIR-CENTRAL HEAT AND AIR

<u>SALES INFORMATION</u>			
<u>SALE DATE</u>	<u>SELLER</u>	<u>BUYER</u>	<u>PRICE BOOK/PAGE</u>
01/08/2015	ZONDLEWSKI, ROSANNE & ESPINO, DIANE	TAYLOR, JOSEPH D & WENDY D	210000 <u>17403-139</u>
09/30/2014	GREENER, JOSEPH R	ZONDLEWSKI, ROSANNE & ESPINO, DIANE	1 <u>17222-1</u>
01/25/2006	EASTPOINTE DEVELOPMENT, LLC	GREENER, JOSEPH R	215000 <u>10796-196</u>
08/24/2004	WHEAT, JAMES T	EASTPOINTE DEVELOPMENT, LLC	20000 <u>9513-231</u>
04/04/2002	TAYCOE CONSULTANTS, LLC	WHEAT, JAMES T	60000 <u>7121-113</u>
08/25/2000	MANUS CONSTRUCTION CORPORATION	TAYCOE CONSULTANTS, LLC	5 <u>6031-217</u>



South Carolina
County of Lexington

** Beginning 7/1/2015 Mental Health millage and funding are redistributed to General Fund County Ordinary.

View Current Tax Bill

Bill#	2018017757103	TxYr	2018	Rev#	0 00 09/17/18	Dstr	1
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OWNER NAME/ADDRESS	SPECIAL MAILING NAME/ADDRESS
TAYLOR, JOSEPH D & WENDY D	
101 MCKADE LN	
LEESVILLE, SC 29070	

CALCULATED TAXES AND FEES DUE BY 01/15/19 PENALTY DATE 07/31/19

PROP ASMT	1,150	TAXES	606.31	COSTS	50.00
ASMT DEDCT	0	CREDIT/RELIEF	- 40.11	FEES	0.00
ADJ RATIO	1.000000	H/S EMPT	0.00	TOTAL	701.13
# OF MONTHS	12	PENALTY	84.93	PAID	
Adj Value	1,150	INTERNET/INTEREST	0.00	REFUND	

PROPERTY TYPE - MOBILE HOME

Decal	42798	MFG	FLEETWOOD	FMV	19200	LR	N
Size	40x28	Ser#	NCFL141AB66968AV13	YR	2002	H/S%	0
Addr	461 GOLDEN ACRES LOT 14 GOLDEN JUBI	TMS#	005200-04-167	AP			

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-02710**
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
DEBTOR'S RESIDENCE: 317 WHITEPLAINS PLACE, GILBERT, SC 29054, (3) BEDROOM (2) BATHROOM HOME, LEXINGTON COUNTY TMS# (005222-01-003), TAX APPRAISAL VALUE (\$210,000)	\$220,000.00	<input checked="" type="checkbox"/> \$109,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
DEBTORS ESTIMATE VALUE AT (\$220,000) Line from <i>Schedule A/B</i> : 1.1			
2015 GMC SIERRA: VIN# (3GTU24EC2F6250611), (4) DOOR, (8) CYLINDER, (46,000) MILES, NADA VALUE (\$21,825) Line from <i>Schedule A/B</i> : 3.1	\$21,825.00	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
2013 HUNDAI SONATA: VIN# (5NPEC4A68DH550486), (4) CYLINDER (4) DOOR (100,000) MILES, NADA VALUE (\$4,800) Line from <i>Schedule A/B</i> : 3.2	\$4,800.00	<input checked="" type="checkbox"/> \$6,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
HOUSEHOLD GOODS: LIVING ROOM FURNITURE, DINING TABLE AND CHAIRS, BEDROOM FURNITURE (3), PATIO FURNITURE, LAWN MOWERS, TRAILER, KITCHEN APPLIANCES, WASHER, DRYER, KITCHEN TABLE AND CHAIRS, MISC. HOME DECOR, FURNITURE, TOOLS Line from Schedule A/B: 6.1	\$1,600.00	<input checked="" type="checkbox"/> \$1,600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
HOUSEHOLD GOODS: TVS (4), DVD PLAYER, CELL PHONE, MISC. SMALL ELECTRONICS, COMPUTER Line from Schedule A/B: 7.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS, PICTURES, MISC. COLLECTIBLES Line from Schedule A/B: 8.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
FIREARMS: KEL-TEC .380; WINCHESTER 1300; COLENFIELD 60 Line from Schedule A/B: 10.1	\$300.00	<input checked="" type="checkbox"/> \$6,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(15)
CLOTHING Line from Schedule A/B: 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY: WATCH, RING, NECKLACE Line from Schedule A/B: 12.1	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
CASH ON HAND Line from Schedule A/B: 16.1	\$15.00	<input checked="" type="checkbox"/> \$15.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) UNUSED PORTION OF HOMESTEAD
PALMETTO CITIZENS FEDERAL CREDIT UNION CHECKING ACCT# (3278) Line from Schedule A/B: 17.1	\$1,354.99	<input checked="" type="checkbox"/> \$1,354.99 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) UNUSED PORTION OF HOMESTEAD
PALMETTO CITIZENS FEDERAL CREDIT UNION SAVINGS ACC# (9839) Line from Schedule A/B: 17.2	\$71.95	<input checked="" type="checkbox"/> \$71.95 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) UNUSED PORTION OF HOMESTEAD
401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401(K) RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$5,162.10), CASH SURRENDER VALUE OF PROGRAM (\$2,581.05) Line from Schedule A/B: 21.1	\$2,581.05	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
TERM LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$500,000), CASH SURRENDER VALUE OF POLICY (\$0) <small>Line from Schedule A/B: 31.1</small>	\$0.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
TERM LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$500,000), CASH SURRENDER VALUE OF POLICY (\$0) <small>Line from Schedule A/B: 31.2</small>	\$0.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
WHOLE LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$100,000), CASH SURRENDER VALUE OF POLICY (\$200.00) <small>Line from Schedule A/B: 31.3</small>	\$200.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
WHOLE LIFE POLICY: NORTHWESTERN MUTUAL, FACE VALUE OF POLICY (\$100,000), CASH SURRENDER VALUE OF POLICY (\$200.00) <small>Line from Schedule A/B: 31.4</small>	\$200.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)

3. **Are you claiming a homestead exemption of more than \$170,350?**
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	Joseph Daniel Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Wendy Durden Taylor		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	19-02710		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 DITECH Creditor's Name	Describe the property that secures the claim: DEBTOR'S PROPERTY-2002 FLEETWOOD (40X28) MOBILE HOME	\$21,868.00	\$19,200.00	\$2,668.00
PO BOX 6172 Rapid City, SD 57709 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mobile Home Loan			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number	9438		

2.2 GROW FINANCIAL Creditor's Name	Describe the property that secures the claim: 2015 GMC SIERRA	\$31,898.00	\$21,825.00	\$10,073.00
PO BOX 89639 Tampa, FL 33689-0410 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Auto Loan			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number	05/2015	9438	

Debtor 1 **Joseph Daniel Taylor** Case number (if known) **19-02710**
 First Name Middle Name Last Name
 Debtor 2 **Wendy Durden Taylor**
 First Name Middle Name Last Name

2.3 ONE MAIN FINANCIAL Describe the property that secures the claim: **\$4,102.00** **\$0.00** **\$4,102.00**
 Creditor's Name
141 E CHURCH STREET, SUITE J
Leesville, SC 29070
 Number, Street, City, State & Zip Code
 Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**
 Date debt was incurred **09/2016** Last 4 digits of account number **9479**

2.4 QUICKEN LOANS Describe the property that secures the claim: **\$191,360.44** **\$220,000.00** **\$0.00**
 Creditor's Name
1050 WOODWARD AVE
Detroit, MI 48226
 Number, Street, City, State & Zip Code
 Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Mortgage**
 Date debt was incurred **01/2015** Last 4 digits of account number **9438**

2.5 TITLE MAX Describe the property that secures the claim: **\$3,000.00** **\$4,800.00** **\$0.00**
 Creditor's Name
909 N LAKE DRIVE
LEXINGTON, SC 29072
 Number, Street, City, State & Zip Code
 Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) **Non-Purchase Money Security**
 Date debt was incurred **04/2019** Last 4 digits of account number **9438**

Debtor 1 **Joseph Daniel Taylor**

Case number (if known)

19-02710

First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

\$252,228.44

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$252,228.44

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
 First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-02710**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	IRS Priority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9438 \$51,772.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$51,772.00	\$51,772.00	\$0.00

Federal Taxes-BUSINESS RELATED DEBT

2.2	SC DEPT OF REVENUE Priority Creditor's Name PO BOX 12265 Columbia, SC 29211 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9438 \$18,799.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$18,799.00	\$18,799.00	\$0.00
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State Taxes-BUSINESS RELATED DEBT

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	AMERICAN EXPRESS Nonpriority Creditor's Name PO BOX 650448 Dallas, TX 75265-0448 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1001</u> When was the debt incurred? <u>10/2016</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases-BUSINESS RELATED DEBT</u>	\$8,628.00
4.2	BANKERS HEALTHCARE GROUP Nonpriority Creditor's Name 150 3RD AVENUE SOUTH Nashville, TN 37201 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2734</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS RELATED DEBT</u>	\$12,066.00

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

4.3	BANKERS HEALTHCARE GROUP LLC <small>Nonpriority Creditor's Name</small> 201 SOLAR STREET SYRACUSE, NY 13204 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9438</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify BUSINESS RELATED DEBT	\$108,967.32
4.4	BARCLAYS <small>Nonpriority Creditor's Name</small> 125 SOUTHWEST STREET Wilmington, DE 19801 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2254</u> When was the debt incurred? <u>08/2014</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify BUSINESS RELATED DEBT	\$4,789.00
4.5	CAPITAL ONE <small>Nonpriority Creditor's Name</small> PO BOX 71083 CHARLOTTE, NC 28272-1083 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5176</u> When was the debt incurred? <u>11/2016</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify BUSINESS RELATED DEBT	\$2,569.92

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

4.6	CHASE Nonpriority Creditor's Name 201 NORTH WALNUT STREET Wilmington, DE 19801 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2102</u> When was the debt incurred? <u>10/2016</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS RELATED DEBT</u>	\$7,044.00
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4.7	CITICARD Nonpriority Creditor's Name PO BOX 6217 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5083</u> When was the debt incurred? <u>11/2006</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit card purchases</u>	\$7,104.00
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4.8	CREDIT ONE Nonpriority Creditor's Name PO BOX 98873 Las Vegas, NV 89193-8873 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5734</u> When was the debt incurred? <u>08/2018</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS RELATED DEBT</u>	\$774.00
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Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

4.9	DISCOVER CARD Nonpriority Creditor's Name PO BOX 6103 Carol Stream, IL 60197-6103 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6191</u> \$1,667.00 When was the debt incurred? <u>03/2016</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS RELATED DEBT</u>
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4.1 0	FIRST PREMIER BANK Nonpriority Creditor's Name PO BOX 5529 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6463</u> \$666.00 When was the debt incurred? <u>08/2006</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS RELATED DEBT</u>
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4.1 1	GROW FINANCIAL Nonpriority Creditor's Name PO BOX 89909 Tampa, FL 33689-0415 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1559</u> \$1,071.39 When was the debt incurred? <u>05/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>BUSINESS RELATED DEBT</u>
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Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

4.1 2	IRS <hr/> Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9438 \$0.00 <hr/> When was the debt incurred? _____ <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only
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4.1 3	LEXINGTON COUNTY TREASURER <hr/> Nonpriority Creditor's Name 212 S. LAKE DRIVE Lexington, SC 29072 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9438 \$0.00 <hr/> When was the debt incurred? _____ <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only
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4.1 4	LEXINGTON MEDICAL CENTER <hr/> Nonpriority Creditor's Name PO BOX 1410 LEXINGTON, SC 29071 <hr/> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0507 \$10,212.57 <hr/> When was the debt incurred? 10/2008 <hr/> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bills
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Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

4.1
5

LOWES

Nonpriority Creditor's Name

PO BOX 530914

Atlanta, GA 30353-0914

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8959**

\$3,296.13

When was the debt incurred? **07/2001**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card purchases**

4.1
6

PALMETTO CITIZENS FEDERAL CREDIT UNION

Nonpriority Creditor's Name

PO BOX 5846

Columbia, SC 29250

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9839**

\$1,099.83

When was the debt incurred? **06/2011**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Overdraft**

4.1
7

PAWNEE LEASING

Nonpriority Creditor's Name

3801 AUTOMATION WAY, STE 207

Fort Collins, CO 80525

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9438**

\$29,389.50

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **BUSINESS RELATED DEBT**

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

4.1 8	PAYPAL SYNCHRONY BANK Nonpriority Creditor's Name PO BOX 530914 Atlanta, GA 30353-0914 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5969 \$5,671.00 When was the debt incurred? 05/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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4.1 9	ROOMS TO GO Nonpriority Creditor's Name PO BOX 96006 ORLANDO, FL 32896-0061 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3869 \$288.03 When was the debt incurred? 12/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit card purchases
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4.2 0	SC DEPT OF REVENUE Nonpriority Creditor's Name PO BOX 12265 Columbia, SC 29211 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9438 \$0.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice Only
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

Name and Address
ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CHRISTOPHER CALI, ESQ.
201 SOLAR STREET
SYRACUSE, NY 13204

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
JOSEPH F. DAVIS, ESQ.
207 N. WASHINGTON STREET
PO DRAWER 730
SUMTER, SC 29150

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	Total Claim
		\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	Total Claim
		\$	70,571.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	Total Claim
Total claims from Part 2		\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	Total Claim
		\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	Total Claim
		\$	70,571.00
Total claims from Part 2	6f. Student loans	6f.	Total Claim
		\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	Total Claim
		\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	Total Claim
Total claims from Part 2		\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	Total Claim
		\$	205,303.69
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	Total Claim
		\$	205,303.69

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **19-02710**
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-02710**
(if known)

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street State ZIP Code
City _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name _____

Number Street State ZIP Code
City _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Joseph Daniel Taylor

Debtor 2 Wendy Durden Taylor
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 19-02710
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>DRIVER</u>	<u>PHARMACIST</u>
	Employer's name	<u>USAL</u>	<u>WALMART</u>
	Employer's address	<u>21021 ESSMAN LANE HOUSTON, TX 77073</u>	<u>5556 SUNSET BLVD LEXINGTON, SC 29072</u>
	How long employed there?	<u>SINCE FEBRUARY 2018</u>	<u>SINCE MAY 2018</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>8,910.23</u>	\$ <u>6,302.07</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>8,910.23</u>	\$ <u>6,302.07</u>

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 8,910.23	\$ 6,302.07
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,934.82	\$ 1,445.82
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 306.71	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 756.00	\$ 25.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,997.53	\$ 1,470.82
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,912.70	\$ 4,831.25
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 5,912.70 + \$ 4,831.25	= \$ 10,743.95
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	10,743.95
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: DEBTORS DO NOT ANTICIPATE A CHANGE IN INCOME IN THE NEXT YEAR.		

Combined monthly income

Case 19-02710-dd

Doc 11 Filed 06/18/19 Entered 06/18/19 05:26:42

Desc Main

CO. FILE DEPT. CLOCK VCHR. NO. 130
M3S 200789 999999 BSC01 0000090542 1

Earnings Statement Page 54

US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Period Beginning: 02/10/2019
Period Ending: 02/23/2019
Pay Date: 03/01/2019

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 1
SC: 1

JOSEPH D TAYLOR
317 WHITEPLAINS PLACE
GILBERT SC 29054

Earnings	rate	hours	this period	year to date
Regular	25.0000	8.00	200.00	900.00
Driver Comm			3,478.97	15,300.96
Personal	25.0000	8.00	200.00	800.00
Bonus				3,291.61
Holiday				600.00
Gross Pay			\$3,878.97	20,892.57

Your federal taxable wages this period are
\$3,431.22

Other Benefits and Information	this period	total to date
G T L	10.72	53.60
Pers Available	112.00	
401K E R Match	116.37	626.78

Deductions	Statutory	Other	year to date
Federal Income Tax	-322.98		2,108.53
Social Security Tax	-220.61		1,195.93
Medicare Tax	-51.59		279.69
SC State Income Tax	-209.10		1,147.21
Ad&D Ee	-4.62		23.10
Dental	-31.15*		155.75
Medical	-284.38*		1,421.90
Vision	-15.85*		79.25
401K Base	-116.37*		626.78
Net Pay			\$2,622.32
Checking	-2,622.32		
Net Check			\$0.00

* Excluded from federal taxable wages

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US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Advice number: 00000090542
Pay date: 03/01/2019

Deposited to the account of	account number	transit ABA	amount
JOSEPH D TAYLOR	XXXXXXXX3278	XXXX XXXX	\$2,622.32

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 130
 M35 280789 999999 BSC01 0000110536 1

Earnings Statement Page 42 of 54

US AUTOLOGISTICS, LLC
 21021 ESSMAN LANE
 HOUSTON, TX 77073
 713-580-3400

Period Beginning: 02/24/2019
 Period Ending: 03/09/2019
 Pay Date: 03/15/2019

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 1
 SC: 1

JOSEPH D TAYLOR
 317 WHITEPLAINS PLACE
 GILBERT SC 29054

Earnings	rate	hours	this period	year to date
Regular	25.0000	19.00	475.00	1,375.00
Driver Comm			3,285.64	18,586.60
Bonus				3,281.61
Holiday				600.00
Personal				800.00
Gross Pay			\$3,760.64	24,653.21

Your federal taxable wages this period are
 \$3,316.44

Other Benefits and Information	this period	total to date
G T L	10.72	64.32
Pers Available	112.00	
401K E R Match	112.82	739.60

Deductions	Statutory		year to date
Federal Income Tax	-309.21		2,417.74
Social Security Tax	-213.28		1,409.21
Medicare Tax	-49.88		329.57
SC State Income Tax	-201.07		1,348.28
Other			
Ad&D Ea	-4.62		27.72
Dental	-31.15*		186.90
Medical	-284.38*		1,706.28
Vision	-15.85*		95.10
401K Base	-112.82*		739.60
Net Pay		\$2,538.38	
Checking		-2,538.38	
Net Check		\$0.00	

* Excluded from federal taxable wages

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US AUTOLOGISTICS, LLC
 21021 ESSMAN LANE
 HOUSTON, TX 77073
 713-580-3400

Advice number: 00000110536
 Pay date: 03/15/2019

Deposited to the account of	account number	transit ABA	amount
JOSEPH D TAYLOR	XXXXXXXX3278	XXXX XXXX	\$2,538.38

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCH. NO. 130
M3S 290789 999999 BSC01 0000130533 1

Earnings Statement Page 54

US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Period Beginning: 03/10/2019
Period Ending: 03/23/2019
Pay Date: 03/29/2019

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 1
SC: 1

JOSEPH D TAYLOR
317 WHITEPLAINS PLACE
GILBERT SC 29054

Earnings	rate	hours	this period	year to date
Regular	25.0000	6.00	150.00	1,525.00
Driver Comm			2,763.08	21,349.68
Personal	25.0000	8.00	200.00	1,000.00
Bonus				3,291.61
Holiday				600.00
Gross Pay			\$3,113.08	27,766.29

Your federal taxable wages this period are
\$2,688.31

Other Benefits and Information	this period	total to date
G T L	10.72	75.04
Pers Available	104.00	
401K E R Match	93.39	832.99

Deductions	Statutory	Other
Federal Income Tax	-233.83	
Social Security Tax	-173.13	
Medicare Tax	-40.49	
SC State Income Tax	-157.10	
Ad&D Ee	-4.62	
Dental	-31.15*	
Medical	-284.38*	
Vision	-15.85*	
401K Base	-93.39*	
Net Pay	\$2,079.14	
Checking	-2,079.14	
Net Check	\$0.00	

* Excluded from federal taxable wages

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US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Advice number: 00000130533
Pay date: 03/29/2019

Deposited to the account of
JOSEPH D TAYLOR
account number transit ABA amount
XXXXXXXX3278 XXXX XXXX \$2,079.14

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	130
MJS	290789	999999	BSC01	0000150527	1

Earnings Statement

US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Period Beginning: 03/24/2019
Period Ending: 04/06/2019
Pay Date: 04/12/2019

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 1
SC: 1

JOSEPH D TAYLOR
317 WHITEPLAINS PLACE
GILBERT SC 29054

Earnings	rate	hours	this period	year to date
Regular	25.0000	10.00	250.00	1,775.00
Driver Comm			3,023.10	24,372.78
Personal	25.0000	16.00	400.00	1,400.00
Bonus				3,291.61
Holiday				600.00
Gross Pay			\$3,673.10	31,439.39

Your federal taxable wages this period are
\$3,194.80

Other Benefits and Information	this period	total to date
G T L	10.72	85.76
Pers Available	88.00	
401K E R Match	146.92	979.91

Deductions	Statutory		
Federal Income Tax	-294.61		2,946.18
Social Security Tax	-207.85		1,790.19
Medicare Tax	-48.61		418.67
SC State Income Tax	-192.55		1,697.93
Other			
Ad&D Ee	-4.62		36.96
Dental	-31.15*		249.20
Medical	-284.38*		2,275.04
Vision	-15.85*		126.80
401K Base	-110.19*		943.18
401K Base Cu	-36.73*		36.73
401K Rothbase	-36.73		36.73
Net Pay		\$2,409.83	
Checking	-2,409.83		
Net Check		\$0.00	

* Excluded from federal taxable wages

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US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Advice number: 00000150527
Pay date: 04/12/2019

Deposited to the account of	account number	transit ABA	amount
JOSEPH D TAYLOR	xxxxxxx3278	xxxx xxxx	\$2,409.83

THIS IS NOT A CHECK

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CO. FILE DEPT. CLOCK VCHR. NO. 130
M3S 290780 999999 BSC01 0000170519 1

Earnings Statement Page 3 of 54

US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Period Beginning: 04/07/2019
Period Ending: 04/20/2019
Pay Date: 04/26/2019

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 1
SC: 1

JOSEPH D TAYLOR
317 WHITEPLAINS PLACE
GILBERT SC 29054

Earnings	rate	hours	this period	year to date
Driver Comm			3,803.91	28,176.69
Holiday	25.0000	8.00	200.00	800.00
Personal	25.0000	8.00	200.00	1,600.00
Regular				1,775.00
Bonus				3,291.61
Gross Pay			\$4,203.91	35,643.30

Your federal taxable wages this period are
\$3,704.37

Other Benefits and Information	this period	total to date
G T L	10.72	96.48
Pers Available	80.00	
401K E R Match	168.16	1,148.07

Deductions	Statutory		year to date
Federal Income Tax	-361.00		3,307.18
Social Security Tax	-240.77		2,030.96
Medicare Tax	-56.31		474.98
SC State Income Tax	-228.22		1,926.15
Other			
Ad&D Ee	-4.62		41.58
Dental	-31.15*		280.35
Medical	-284.38*		2,559.42
Vision	-15.85*		142.65
401K Base	-126.12*		1,069.30
401K Base Cu	-42.04*		78.77
401K Rothbase	-42.04		78.77
Net Pay		\$2,771.41	
Checking	-2,771.41		
Net Check		\$0.00	

* Excluded from federal taxable wages

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US AUTOLOGISTICS, LLC
21021 ESSMAN LANE
HOUSTON, TX 77073
713-580-3400

Advice number: 00000170519
Pay date: 04/26/2019

Deposited to the account of	account number	transit ABA	amount
JOSEPH D TAYLOR	XXXXXXXX3278	XXXX XXXX	\$2,771.41

THIS IS NOT A CHECK

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Statement of Earnings and Deductions

Wal-Mart Associates, Inc., 702 S.W. 8th St., Bentonville, Arkansas 72716. 479-273-4000

Pay Period Beginning Date: 02-16-2019 through Ending Date: 03-01-2019

WENDY D TAYLOR
317 WHITEPLAINS PLACE
GILBERT, SC 29054Payee
COLUMBIA SC TEACHERS FCUType
CHECK DEPOSITAccount #
XXXXXXXXXXXX3278Amount
\$3,695.62Deposit Date
03-07-2019Advice #
480375277Total Amount
\$3,695.62

W4 Withholding:

Tax Method:

Pay Category:

Exemptions:

Additional Withholding:

Federal

Married

Hourly

1

\$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	\$57.5000	48.00	\$2,760.00	\$13,052.50	FEDERAL TAX	\$660.99	\$1,636.02
OVERTIME/INCT			\$4.35	\$4.35	SOCIAL SECURITY	\$387.70	\$1,235.65
INCTV H&W HRLY			\$2,303.63	\$2,303.63	S. CAROLINA	\$323.67	\$975.21
PTO PAY			\$0.00	\$791.78	CHECK DEPOSIT	\$3,695.62	\$12,305.38
PTO AVAILABLE		1.07					
WRKDHRS		48.00					
PROTECTED PTO		2.87					
	Earnings	Taxes	Deductions	Net Pay			
Current	\$5,067.98	\$1,372.36	\$0.00	\$3,695.62		Deposit No.	Amt. of Deposit
Year to Date	\$16,152.26	\$3,846.88	\$0.00	\$12,305.38		480375277	\$3,695.62

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Statement of Earnings and Deductions

Wal-Mart Associates, Inc., 702 S.W. 8th St., Bentonville, Arkansas 72716. 479-273-4000

Pay Period Beginning Date: 03-02-2019 through Ending Date: 03-15-2019

WENDY D TAYLOR
317 WHITEPLAINS PLACE
GILBERT, SC 29054Payee
COLUMBIA SC TEACHERS FCUType
CHECK DEPOSITAccount #
xxxxxxxxxxxx3278Amount
\$1,020.32Deposit Date
03-21-2019Advice #
481810097Total Amount
\$1,020.32

W4 Withholding:

Tax Method:

Pay Category:

Exemptions:

Additional
Withholding:

Federal

Married

Hourly

1

\$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	\$57.5000	22.00	\$1,265.00	\$14,317.50	FEDERAL TAX	\$64.96	\$1,700.98
OVERTIME/INCT			\$0.00	\$4.35	SOCIAL SECURITY	\$96.77	\$1,332.42
INCTV H&W HRLY			\$0.00	\$2,303.63	S. CAROLINA	\$57.95	\$1,033.16
PTO PAY			\$0.00	\$791.78	CRIT NEED TR	\$25.00	\$25.00
					CHECK DEPOSIT	\$1,020.32	\$13,325.70
PTO AVAILABLE		1.07					
WRKDHRS		22.00					
PROTECTED PTO		3.60					
	Earnings	Taxes	Deductions	Net Pay		Deposit No.	Amt. of Deposit
Current	\$1,265.00	\$219.68	\$25.00	\$1,020.32			
Year to Date	\$17,417.26	\$4,066.56	\$25.00	\$13,325.70		481810097	\$1,020.32

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Statement of Earnings and Deductions

Wal-Mart Associates, Inc., 702 S.W. 8th St., Bentonville, Arkansas 72716. 479-273-4000

Pay Period Beginning Date: 03-16-2019 through Ending Date: 03-29-2019

WENDY D TAYLOR
317 WHITEPLAINS PLACE
GILBERT, SC 29054Payee
COLUMBIA SC TEACHERS FCUType
CHECK DEPOSITAccount #
XXXXXXXXXXXX3278Amount
\$2,119.32Deposit Date
04-04-2019Advice #
483190163Total Amount
\$2,119.32

W4 Withholding:

Tax Method:

Pay Category:

Exemptions:

Additional Withholding:

Federal

Married

Hourly

1

\$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	\$57.5000	48.00	\$2,760.00	\$17,077.50	FEDERAL TAX	\$242.43	\$1,943.41
OVERTIME/INCT			\$0.00	\$4.35	SOCIAL SECURITY	\$211.14	\$1,543.56
INCTV H&W HRLY			\$0.00	\$2,303.63	S. CAROLINA	\$162.11	\$1,195.27
PTO PAY			\$0.00	\$791.78	CRIT NEED TR	\$25.00	\$50.00
					CHECK DEPOSIT	\$2,119.32	\$15,445.02
PTO AVAILABLE		1.07					
WRKDHRS		48.00					
PROTECTED PTO		5.20					
	Earnings	Taxes	Deductions	Net Pay		Deposit No.	Amt. of Deposit
Current	\$2,760.00	\$615.68	\$25.00	\$2,119.32		483190163	\$2,119.32
Year to Date	\$20,177.26	\$4,682.24	\$50.00	\$15,445.02			

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Statement of Earnings and Deductions

Wal-Mart Associates, Inc., 702 S.W. 8th St., Bentonville, Arkansas 72716. 479-273-4000

Pay Period Beginning Date: 03-30-2019 through Ending Date: 04-12-2019

WENDY D TAYLOR
317 WHITEPLAINS PLACE
GILBERT, SC 29054

Payee
COLUMBIA SC TEACHERS FCU

Type
CHECK DEPOSIT

Account #
XXXXXXXXXXXX3278

Amount
\$1,811.25

Deposit Date
04-18-2019

Advice #
484570727

Total Amount
\$1,811.25

W4 Withholding:

Tax Method:

Pay Category:

Exemptions:

Additional Withholding:

Federal

Married

Hourly

1

\$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	\$58.5000	40.00	\$2,340.00	\$19,417.50	FEDERAL TAX	\$192.03	\$2,135.44
OVERTIME/INCT			\$0.00	\$4.35	SOCIAL SECURITY	\$179.01	\$1,722.57
INCTV H&W HRLY			\$0.00	\$2,303.63	S. CAROLINA	\$132.71	\$1,327.98
PTO PAY			\$0.00	\$791.78	CRIT NEED TR	\$25.00	\$75.00
					CHECK DEPOSIT	\$1,811.25	\$17,256.27
PTO AVAILABLE		1.07					
WRKDHRS		40.00					
PROTECTED PTO		6.53					
	Earnings	Taxes	Deductions	Net Pay		Deposit No.	Amt. of Deposit
Current	\$2,340.00	\$503.75	\$25.00	\$1,811.25			
Year to Date	\$22,517.26	\$5,185.99	\$75.00	\$17,256.27		484570727	\$1,811.25

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Statement of Earnings and Deductions.

Wal-Mart Associates, Inc., 702 S.W. 8th St., Bentonville, Arkansas 72716. 479-273-4000

Pay Period Beginning Date: 04-13-2019 through Ending Date: 04-26-2019WENDY D TAYLOR
317 WHITEPLAINS PLACE
GILBERT, SC 29054**Payee**
COLUMBIA SC TEACHERS FCU**Type**
CHECK DEPOSIT**Account #**
XXXXXXXXXXXX3278**Amount**
\$2,068.71**Deposit Date**
05-02-2019**Advice #**
485945738**Total Amount**
\$2,068.71**Please Note: Direct Deposit funds are not available until the Deposit Date listed above on this statement.****W4 Withholding:****Tax Method:****Pay Category:****Exemptions:****Additional Withholding:**

Federal

Married

Hourly

1

\$0.00

Note: State and local W4 information is not available at this time.

Description	Rate	Hours	Earnings	Year to Date	Type of Deductions	Taxes / Deductions	Year to Date
REGULAR EARNING	\$58.5000	46.00	\$2,691.00	\$22,108.50	FEDERAL TAX	\$234.15	\$2,369.59
OVERTIME/INCT			\$0.00	\$4.35	SOCIAL SECURITY	\$205.86	\$1,928.43
INCTV H&W HRLY			\$0.00	\$2,303.63	S. CAROLINA	\$157.28	\$1,485.26
PTO PAY			\$0.00	\$791.78	CRIT NEED TR	\$25.00	\$100.00
					CHECK DEPOSIT	\$2,068.71	\$19,324.98
PTO AVAILABLE		1.07					
WRKDHS		46.00					
PROTECTED PTO		8.06					
	Earnings	Taxes	Deductions	Net Pay			
Current	\$2,691.00	\$597.29	\$25.00	\$2,068.71		Deposit No.	Amt. of Deposit
Year to Date	\$25,208.26	\$5,783.28	\$100.00	\$19,324.98		485945738	\$2,068.71

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Fill in this information to identify your case:

Debtor 1 Joseph Daniel Taylor

Debtor 2 Wendy Durden Taylor
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 19-02710
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

21

☐ No

☒ Yes

Daughter

23

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,495.41

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 28.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	177.55						
6b. Water, sewer, garbage collection	6b. \$	110.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	185.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	958.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	243.00						
10. Personal care products and services	10. \$	91.00						
11. Medical and dental expenses	11. \$	208.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	1,000.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	100.00						
14. Charitable contributions and religious donations	14. \$	100.00						
15. Insurance.								
Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	350.00						
15b. Health insurance	15b. \$	0.00						
15c. Vehicle insurance	15c. \$	372.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	772.00						
17b. Car payments for Vehicle 2	17b. \$	351.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00						
19. Other payments you make to support others who do not live with you.	\$	0.00						
Specify: _____	19.							
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>6,590.96</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>6,590.96</td> </tr> </table> </div>		\$	6,590.96	\$		\$	6,590.96
\$			6,590.96					
\$								
\$	6,590.96							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	10,743.95						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	6,590.96						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	4,152.99						
24. Do you expect an increase or decrease in your expenses within the year after you file this form?								
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. Explain here: DEBTORS DO NOT ANTICIPATE A CHANTE IN EXPENSES IN THE NEXT YEAR.								

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number **19-02710**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Joseph Daniel Taylor
Joseph Daniel Taylor
Signature of Debtor 1

Date June 18, 2019

X /s/ Wendy Durden Taylor
Wendy Durden Taylor
Signature of Debtor 2

Date June 18, 2019

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-02710**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

☐ Operating a business

\$35,643.30

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

☐ Operating a business

\$25,208.26

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$70,000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$92,322.81
For the calendar year before that: (January 1 to December 31, 2017)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$121,423.23	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$108,480.24

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	N/A	\$0.00	N/A	\$0.00
For last calendar year: (January 1 to December 31, 2018)	N/A	\$0.00	N/A	\$0.00
For the calendar year before that: (January 1 to December 31, 2017)	N/A	\$0.00	401K WITHDRAW	\$294,857.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☒ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
QUICKEN LOANS 1050 WOODWARD AVE Detroit, MI 48226	FEBRUARY 2019 MARCH 2019 APRIL 2019	\$4,605.00	\$191,000.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___
GROW FINANCIAL PO BOX 89639 Tampa, FL 33689-0410	MARCH 2019 APRIL 2019 MAY 2019	\$772.00	\$0.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
PAWNEE LEASING CORPORATION V. JOSEPH TAYLOR D/B/A TAYLOR TRANSPORT AND WENDY TAYLOR 2019-CP-32-0354	COLLECTIONS	LEXINGTON COUNTY CLERK OF COURT 205 EAST MAIN STREET ATTN: BETH CARRIGG Lexington, SC 29072	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
BANKERS HEALTHCARE GROUP V. WENDY D. TAYLOR DBA WENDY D. TAYLOR, R.PH. AND WENDY D. TAYLOR AND JOSEPH D. TAYLOR 009101/2018	COLLECTIONS	SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF ONONDAGA Syracuse, NY 13204	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
PAWNEE LEASING 3801 AUTOMATION WAY, STE 207 Fort Collins, CO 80525	2014 INTERNATIONAL PROSTAR, 1998 CAR HAULER	MARCH 2018	Unknown
<input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS, P.A. 816 ELMWOOD AVENUE Columbia, SC 29201	ATTORNEY FEES: \$1464.00 FILING FEE: \$310.00	MAY 2019	\$1,799.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$19.56	MAY 2019	\$19.56

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
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19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Debtor 1 Joseph Daniel Taylor
Debtor 2 Wendy Durden Taylor

Case number (if known) 19-02710

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☐ No

☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
TAYLOR TRANSPORT 317 WHITEPLAINES PLACE GILBERT, SC 29054	DEBTOR OPERATED A TRUCKING COMPANY. TERRIS TAX LLC	EIN: 8183 From-To SEPTEMBER 2016 THROUGH FEBRUARY 2018

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Joseph Daniel Taylor
Joseph Daniel Taylor
Signature of Debtor 1

/s/ Wendy Durden Taylor
Wendy Durden Taylor
Signature of Debtor 2

Date **June 18, 2019**

Date **June 18, 2019**

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Joseph Daniel Taylor**
First Name Middle Name Last Name

Debtor 2 **Wendy Durden Taylor**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **19-02710**
(if known)

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: DITECH	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: DEBTOR'S PROPERTY-2002 FLEETWOOD (40X28) MOBILE HOME		
Creditor's name: GROW FINANCIAL	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2015 GMC SIERRA		
Creditor's name: ONE MAIN FINANCIAL	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: HOUSEHOLD GOODS-BUSINESS RELATED DEBT		

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

securing debt: **avoid lien using 11 U.S.C. § 522(f)**

Creditor's name: **QUICKEN LOANS**

Description of property: **DEBTORS' RESIDENCE-317 WHITEPLAINS PLACE, GILBERT, SC 29054**
securing debt:

☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a Reaffirmation Agreement.
☒ Retain the property and [explain]:
Debtor to retain collateral and remain current

☐ No
☒ Yes

Creditor's name: **TITLE MAX**

Description of property: **2013 HUNDAI SONATA**
securing debt:

☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]:

☐ No
☒ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:
Description of leased
Property:

☐ No
☐ Yes

Lessor's name:
Description of leased
Property:

☐ No
☐ Yes

Lessor's name:
Description of leased
Property:

☐ No
☐ Yes

Lessor's name:
Description of leased
Property:

☐ No
☐ Yes

Lessor's name:
Description of leased
Property:

☐ No
☐ Yes

Lessor's name:
Description of leased
Property:

☐ No
☐ Yes

Lessor's name:
Description of leased
Property:

☐ No
☐ Yes

Part 3: Sign Below

Debtor 1 **Joseph Daniel Taylor**
Debtor 2 **Wendy Durden Taylor**

Case number (if known) **19-02710**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Joseph Daniel Taylor

Joseph Daniel Taylor

Signature of Debtor 1

Date **June 18, 2019**

X /s/ Wendy Durden Taylor

Wendy Durden Taylor

Signature of Debtor 2

Date **June 18, 2019**